## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/590651

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

## CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	
1			1			
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50 TOTAL						
TOTAL IND.	0	♥	2	♣	0	♣
TOTAL DEP.	0 🛑		18 🛑		0 🛑	
TOTAL CLAIMS	0		20		0	

PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER  1 * AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97 98						
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100						
TOTAL IND.	0		0		0	1
TOTAL DEP.	0		0		0	
TOTAL	0					
CLAIMS	U		0	St. Care	0	434 72 7

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